



## Agent of Record (AOR) Letter

**Return completed forms to:**

New Mexico Health Connections  
Attn: Agent of Record Changes  
2440 Louisiana Blvd. NE, Suite 601  
Albuquerque, NM 87110  
Email: [brokerinquiry@mynmhc.org](mailto:brokerinquiry@mynmhc.org)  
Fax: 1-866-231-1344

Date of Request: \_\_\_\_\_

Member Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Phone: \_\_\_\_\_

**New Mexico Health Connections (NMHC), please be advised that I wish to appoint as our agent representative, effective \_\_\_\_/\_\_\_\_/\_\_\_\_\*:**

Agent Name: \_\_\_\_\_

NMHC Agent ID: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**This letter gives the above Agent exclusive rights to the use of NMHC products and services on my behalf. This notice replaces any and all previous Agent of Record (AOR) letters and terminates the rights of any other Agency/Broker to service my insurance needs.**

*\*The effective date of change must be a future date. Changes are effective first of the month following receipt. If no date is provided, the effective date of the change will be the first of the month following receipt of the AOR letter.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name